



COUNTY OF LOS ANGELES DEPARTMENT OF HEALTH SERVICES

Mitchell H. Katz, M.D.

Director

Los Angeles County Department of Health Services

Policy & Procedure Title:	Registered Nurse Tuition Reimbursement Program		
Category:	700-799 Personnel Policy	Policy No.:	701.3
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DHS Division/Unit of Origin:	Office of Nursing Affairs		
Policy Contact – Employee Name, Title and DHS Division: Vivian Branchick, Director, Office of Nursing Affairs			
Contact Phone Number (s):	(213) 240-7702		
Distribution: DHS-wide	<input checked="" type="checkbox"/>	If not DHS-wide, other distribution:	

PURPOSE:

The purpose of this policy is to outline County and Department of Health Services guidelines regarding Registered Nurse Tuition Reimbursement Program. Tuition reimbursement is contingent upon allocation of funds in the Department of Health Services' (DHS') budget or other source of funding, as available.

POLICY:

Permanent County employees *encumbering a Registered Nurse classification (item)* may be entitled to obtain reimbursement towards tuition, which they've paid after successfully completing approved courses leading towards a position in the Registered Nursing field. Approved courses include, but are not limited to, the following:

- Courses required to obtain a Bachelor's Degree in Nursing.
- Courses required to obtain a Master's Degree in Nursing or other healthcare degrees related to Nursing.
- Courses required to obtain a Doctoral Degree in Nursing Science or other doctoral program related to nursing.

To be eligible for reimbursement, the course must be taken at an accredited University or College and must meet the academic requirements of the Department's Training Plan, as well as the employee's training objectives. Accredited institutions are defined in the Los Angeles County Department of Human Resources Policies, Procedures, and Guidelines Manual, Policy 123 titled "Accredited College Education". In addition, any courses taken to obtain an advanced degree in Nursing (BSN or MSN) must be through a nursing program approved by the California Board of Registered Nursing.

Reimbursement will not be made for books, supplies or other incidental costs. Reimbursement will not be made for student activity fees and other special student assessments except at State schools where

The mission of the Los Angeles County Department of Health Services is to ensure access to high-quality, patient-centered, cost-effective health care to Los Angeles County residents through direct services at DHS facilities and through collaboration with community and university partners.

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Department Head/Designee Approval:

Edgerson, Jr., M.D. Director

such charges are mandatory and no other tuition is charged.

A maximum of two (2) courses per employee which together total no more than eight (8) units of credit per semester/quarter will be considered for reimbursement. The facility Chief Nursing Officer (CNO), and the DHS Office of Nursing Affairs (ONA) will have the discretion to set the amount at which courses are reimbursed but will not exceed \$1,000 per semester/quarter and \$3,000 annually per Fiscal Year per employee based upon available funding. A semester/quarter, for schools with class schedules more frequent than a 10 week quarter, is defined as two (2) classes covering at least a ten (10) week period.

Program Parameters

To qualify for reimbursement, the following requirements must be met:

1. The employee must hold a permanent Registered Nurse position within the Department of Health Services.
2. There is a required one (1) year DHS term of service commitment associated with the Nurse Tuition Reimbursement Program.
3. The employee must have received a competent or better rating in all areas of their Performance Evaluation in the immediate past year, and maintain the same or higher rating for the current year.
4. If an employee does not maintain their performance rating of competent in all areas while receiving tuition reimbursement, they risk being terminated from the program.
5. The employees must have successfully passed their initial six (6) month probation period before application for tuition reimbursement can be considered.
6. The employee must meet attendance requirements as specified by their facility.
7. The employee must meet competitive selection requirements, set by each facility or program office, in instances where the reimbursement can be made available only to a limited number of employees.
8. The employee must receive a passing grade of "C" or better.
9. If the employee is a veteran they are not eligible for tuition reimbursement from the County until he/she exhausts their eligibility for tuition reimbursement from the federal government and the State of California.
10. The employee shall take course work outside assigned working hours and on the employee's own time.
11. If the employee is receiving other reimbursement he/she may not be eligible for Nurse Tuition Reimbursement Program.
12. The employee shall submit a completed application (Attachment A) for tuition reimbursement ten (10) weeks prior to the commencement of the course to the Nurse Recruitment Office or Nursing Administration Office.

13. Upon completion of the approved course(s), once the employee has received their final grade report, a Claim for Registered Nurse Tuition Reimbursement Program (Attachment B) should be submitted to the Nurse Recruitment Office or Nursing Administration Office. Reimbursement claim forms will not be processed without proper documentation including prior course approval, proof of payment and course grade, see Attachment C.
14. The Nurse Recruitment Office or Nursing Administration Office forwards the approved Nurse Tuition Reimbursement claims to the Office of Nursing Affairs for processing.
15. Reimbursement claim forms will not be processed if they are submitted later than 30 calendar days from the course(s) completion date.
16. Employees who do not meet all of the above requirements will have their application/claim form denied (Attachment D).
17. If the employee terminates his/her employment with Los Angeles County within one year of the date of the completion of the last course for which he/she has been reimbursed, he/she shall return the amount of such reimbursement to Los Angeles County DHS (County Code Section 5.52.040).

Nurse Recruitment Office or Nursing Administration Office at each facility is responsible for program administration, including appropriate determination of employee eligibility for reimbursement, financial management, and maintenance of all program related documents for a period of five (5) years.

Nurse Recruitment Office or Nursing Administration Office shall track employees Registered Nurse Tuition Reimbursement status using the Tuition Reimbursement Log (Attachment E). The Office of Nursing Affairs is responsible for processing the Request for Warrant (Attachment F).

DHS Human Resources will monitor each facility's overall program administration on a quarterly basis. Available money shall be pooled centrally and divided in proportion to the number of Registered Nurses in each facility. At the end of the 2nd quarter of each fiscal year, DHS ONA will review tuition reimbursement funding usage and may reallocate funds based on higher volume of employee participation.

ATTACHMENTS/FORMS:

Registered Nursing Tuition Reimbursement Program Procedures
Application for Registered Nurse Tuition Reimbursement Program
Claim for Registered Nurse Tuition Reimbursement Program
Tuition Reimbursement (TR) – Request for Documentation
Nurse Tuition Reimbursement Program – Notification of Denial
Tuition Reimbursement Log
Registered Nurse (RN) Tuition Reimbursement Program Request for Warrant

REFERENCE(S)/AUTHORITY:

Los Angeles County Code, Title 5, Section 5.52.

DEPARTMENT OF HEALTH SERVICES REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM PROCEDURES

EMPLOYEE RESPONSIBILITIES:

Application for Registered Nurse Tuition Reimbursement Program

- 1) Complete the front page of the application form.
- 2) Attach the following documents:
 - a) A list of the required classes/courses for the degree
 - b) If applicable, proof that you have exhausted your veteran's benefits
- 3) Obtain your Nurse Manager or appropriate Supervisor signature/approval.
- 4) Submit the completed form to your facility Nurse Recruitment Office.

NOTE: The application should be submitted at least four ten (10) weeks before the course begins to allow sufficient time for necessary administrative approvals from your facility/organizational unit.

Claim for Registered Nurse Tuition Reimbursement Program

- 1) Upon completion of the course approved for reimbursement, the employee completes the front page of the claim form.
- 2) Attach the following required documents:
 - a) Proof of payment (receipt of tuition payment, front and back of canceled check showing payment to the school or other document approved by the HR-NRO)
 - b) Grade report showing a "C" or better
- 3) Submit the completed form to your facility Nurse Recruitment Office or Nursing Administration Office.

NOTE: To receive reimbursement, you must be in County service at the time of the completion of the course and hold permanent status.

SEE YOUR NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION OFFICE FOR INSTRUCTIONS IF ATTENDING A COLLEGE OR UNIVERSITY NOT ON A STANDARD SEMESTER OR QUARTER SYSTEM.

FACILITY NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION OFFICE RESPONSIBILITIES:

Application for Registered Nurse Tuition Reimbursement Program

- 1) Review the employee's application form.
- 2) Verify the employee meets the department's Registered Nurse Tuition Reimbursement Program policy.
- 3) Obtain Chief Nursing Officer (or Authorized Personnel) signature.
- 4) Forward the application plus the attachment(s) to the Office of Nursing Affairs for final review and approval.

Claim for Registered Nurse Tuition Reimbursement Program

- 1) Review and sign the claim form.
- 2) Forward the claim plus the attachments to the Office of Nursing Affairs for processing.

DEPARTMENT OF HEALTH SERVICES REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM PROCEDURES

NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION OFFICE

Application for Registered Nurse Tuition Reimbursement Program

- 1) Review the application form.
- 2) Verify the following employee information:
 - a) Current item number
 - b) Current RN licensure
 - c) Current "competent" or better Performance Evaluation
- 3) Notify employee if Application is not approved or corrective action is required.
- 4) Report the status of employee's application to the facility Nurse Recruitment Office or Nursing Administration Office.

Claim for Registered Nurse Tuition Reimbursement Program

- 1) Review the claim form for accuracy of reimbursable amount.
- 2) Notify employee if Claim is not approved or corrective action is required.
- 3) Confirm expenditure is within Facilities' budgeted allocation.
- 4) Forward the claim form to Health Services Administration Finance for payment.
- 5) Report the status of employee's claim to the facility Nurse Recruitment Office or Nursing Administration Office.

Reimbursement Check (Warrant)

- 1) Send the reimbursement check to employee by Certified Mail to their mailing address as indicated on front page of claim form.
- 2) Report the status to the facility Nurse Recruitment Office or Nursing Administration Office.

HEALTH SERVICES ADMINISTRATION FINANCE (HSA-FINANCE):

- 1) Review Claim for Tuition Reimbursement for proper authorization.
- 2) Request warrant (reimbursement check) for the "amount to be reimbursed" as indicated on the Claim for Tuition Reimbursement form through the Auditor-Controller.
- 3) Issue the warrant (reimbursement check) to HR-NRD.

NOTE: Reimbursement for Tuition is subject to the availability of funds.

ATTACHMENT A

County Of Los Angeles – Department Of Health Services

APPLICATION FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM

*Application forms must be submitted ten weeks before the course begins. INCOMPLETE OR ILLEGIBLE FORMS WILL BE REJECTED

Last Name				First Name			
Employee No.				Item No.			
Mailing Address							
Work Location							
Work Address							
Work Phone No.	()	Home Phone No.	()	Cell Phone No.	()		
I am currently attending (School Name)				in one of the following programs:			
<input type="checkbox"/> Bachelors Degree in Nursing		<input type="checkbox"/> Masters Degree in:		<input type="checkbox"/> Doctoral Degree in:			

ATTACH A LIST OF THE REQUIRED CLASSES\COURSES

Course Title				Course No.		Units	
Course Begins (MM/DD/YY)				Course Ends (MM/DD/YY)			
Course Meets: S M T W TH F S				Time:			
Course Description							

Course Title				Course No.		Units	
Course Begins (MM/DD/YY)				Course Ends (MM/DD/YY)			
Course Meets: S M T W TH F S				Time:			
Course Description							

Registration Fee	\$
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Are you eligible for reimbursement through veteran's benefits? If YES, attach verifying documents that you have exhausted these benefits.	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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Date		Employee Signature	
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I recommend approval for this employee's application and certify that the employee meets the department's Registered Nurse Tuition Reimbursement Policy guidelines (meets attendance standards and has passed the initial probationary period, has a current rating of competent or better on annual performance evaluation : <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Nurse Manager or Supervisor Signature	
Payroll Title		Print Name	
EMPLOYEE COMPLETES FRONT PAGE AND SUBMITS APPLICATION FORM TO FACILITY NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION OFFICE			

ATTACHMENT A

County Of Los Angeles – Department Of Health Services

APPLICATION FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM

*Application forms must be submitted ten weeks before the course begins. INCOMPLETE OR ILLEGIBLE FORMS WILL BE REJECTED

Employee Last Name		Employee First Name	
Reviewed and approved by Facility Nurse Recruiter or Authorized Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	

Reviewed and approved by Chief Nursing Officer or Authorized Personnel: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	

TR application form – Attach A

County Of Los Angeles – Department Of Health Services
CLAIM FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM

INCOMPLETE OR ILLEGIBLE APPLICATION FORMS WILL BE REJECTED

EMPLOYEE SUBMITTED THE FOLLOWING ATTACHMENTS:

_____ Transcripts OR _____ Grades _____ Documentation of tuition payment

***For all documentation, please highlight the applicable grades, charges and/or payments relevant to the claim.**

Last Name				First Name			
Employee No.				Item No.			
Mailing Address							
Work Location							
Work Address							
Work Phone No.	()	Home Phone No.	()	Cell Phone No.	()		

Course Title				Course No.			Units	
Course Begins (MM/DD/YY)				Course Completed (MM/DD/YY)				
We would appreciate your evaluation of the course you attended from the standpoint of its value to your department in meeting its goals and objectives. This information is for the use of your department and Civil Service in future tuition reimbursement planning. Your evaluation in no way affects this Claim for Reimbursement.								
1. What did you learn in this course?								
2. As a result of taking this course, how will you apply what you learned to your job?								
3. Additional Comments:								

Course Title				Course No.			Units	
Course Begins (MM/DD/YY)				Course Completed (MM/DD/YY)				
We would appreciate your evaluation of the course you attended from the standpoint of its value to your department in meeting its goals and objectives. This information is for the use of your department and Civil Service in future tuition reimbursement planning. Your evaluation in no way affects this Claim for Reimbursement.								
1. What did you learn in this course?								
2. As a result of taking this course, how will you apply what you learned to your job?								
4. Additional Comments:								

Registration Fee	\$	
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I request reimbursement for the registration fees paid as listed above. Proof of payment and grad report are attached. I understand that if I terminate my permanent employment with the County within one year after the completion of this course, I shall be required to return the full amount of this reimbursement to the County.

Date		Employee Signature	
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**EMPLOYEE COMPLETES FRONT PAGE AND SUBMITS APPLICATION FORM TO
 FACILITY NURSE RECRUITMENT OFFICE OR NURSING ADMINISTRATION OFFICE**

County Of Los Angeles – Department Of Health Services
CLAIM FOR REGISTERED NURSE TUITION REIMBURSEMENT PROGRAM

Employee Last Name		Employee First Name	
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**THIS SECTION IS FOR FACILITY NURSE RECRUITMENT OFFICE OR
NURSING ADMINISTRATION OFFICE DESIGNEE**

Reviewed and approved by Facility Nurse Recruitment Office or Nursing Administration Office Designee: <input type="checkbox"/> YES <input type="checkbox"/> NO			
If NO, reason denied:			
Date		Signature	
Payroll Title		Print Name	

AMOUNT TO BE REIMBURSED	\$
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**FACILITY NURSE RECRUITMENT OFFICE OR
NURSING ADMINISTRATION OFFICE LETTER HEAD**

{Date}

Dear {Employee Name}:

RE: TUITION REIMBURSEMENT (TR)-REQUEST FOR DOCUMENTATION

We are unable to process your TR request (copy attached) at this time due to missing information or documentation. Our records indicate that we do not have one or more of the following items:

- ☐ Record(s) of a passing grade of "C" or better for completed course(s)
- ☐ Nurse Manager or appropriate supervisor's approval/signature
- ☐ Completed Application Form
- ☐ Completed Claim Form
- ☐ Proof of Payment for each course taken
- ☐ Course Approval
- ☐ Course Grade
- ☐ Proof of Exhaustion of Veteran's Benefits (For Veterans Only)
- ☐ Other _____

Please fax the requested document(s) by {Date} to (Name) at {Fax Number}. Failure to respond by the requested date constitutes closure of this request.

If you have questions, please contact {Name} at {Contact Number}.

Very truly yours,

{Designee}

(Initials:typist)
TR req for documents

Attachment(s)

c: File

**FACILITY NURSE RECRUITMENT OFFICE OR
NURSING ADMINISTRATION OFFICE LETTER HEAD**

{Date}

Dear {Employee Name}:

RE: NURSE TUITION REIMBURSEMENT PROGRAM - NOTIFICATION OF DENIAL

Thank you for the submission of your Nurse Tuition Reimbursement Program request (copy attached). Our records indicate that due to one or more of the following reasons, your application does not meet the requirements for tuition reimbursement under County Policy No. {fill in new policy number} and has been rejected for payment:

- ☐ Course(s) submitted for reimbursement is/are not a part of an approved B.S.N., M.S., or Ph.D. degree program
- ☐ Course(s) were not taken at an approved or accredited Nursing School or College
- ☐ Course(s) submitted for reimbursement began prior to _____
- ☐ You no longer hold a permanent position with the County of Los Angeles, Department of Health Services
- ☐ You have not successfully passed your initial six (6) month probation period
- ☐ You have not received a competent or better Performance Evaluation rating for the immediate past year
- ☐ You have not exhausted your Veteran's Benefits
- ☐ A complete application was not submitted in sufficient time before the commencement of the course.
- ☐ Claim submitted later than 30 calendar days from the course(s) completion date.
- ☐ Other: _____

If you determine our records are in error, please fax supporting document(s) for our review by {DATE} to {Fax Number}. Failure to respond by the deadline date constitutes closure of this request.

If you have any questions or comments, please contact {Name} at {Contact Number}.

Very truly yours,

{Designee}

{initials:typist)

TR denial letter

Attachments

c: File

Nurse Recruitment Office / Nursing Administration Office

[illegible]

**FACILITY NURSE RECRUITMENT OFFICE OR
NURSING ADMINISTRATION OFFICE LETTER HEAD**

Date: _____

TO: DHS/HSA Finance Department

FROM: {Designee Name}
{Designee's Location}

SUBJECT: **REGISTERED NURSE (RN) TUITION REIMBURSEMENT PROGRAM
REQUEST FOR WARRANT**

We are requesting RN Tuition Reimbursement for the following employee:

Employee Name: _____

Employee Number: _____

Course/Class Number(s): _____

Dates Attended: _____

Rate of Reimbursement: _____

The warrant for Nurse Tuition Reimbursement Program should be made payable to the employee.

Should you have any questions or need additional information, please contact {Name} at {Phone Number}.

(Initials:typist)

TR finance memo

Attachments